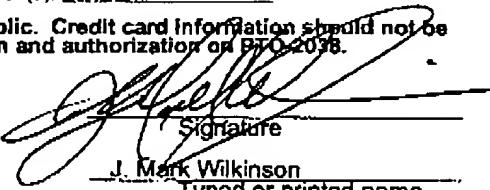


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) BMCA9159.254															
In re Application of Radue, Martin																	
Application Number 09/528,766		Filed 3-17-00															
For Reciprocating Fluid Pump Employing Reversing Polarity Motor																	
Group Art Unit 3746		Examiner Solak, Timothy															
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table> <tr> <td><input checked="" type="checkbox"/></td> <td>One month (37 CFR 1.17(a)(1))</td> <td>\$ 110.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Two months (37 CFR 1.17(a)(2))</td> <td>\$ 410.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Three months (37 CFR 1.17(a)(3))</td> <td>\$ 930.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1,450.00</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td>\$ 1,970.00</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$_____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> assignee of record of the entire interest. <input type="checkbox"/> applicant. <input checked="" type="checkbox"/> newly appointed attorney or agent of record. <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). <small>Registration number if acting under 37 CFR 1.34(a). _____</small></p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p><u>2/16/03</u> Date</p> <p> Signature</p> <p>J. Mark Wilkinson Typed or printed name</p>			<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00	<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 410.00	<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 930.00	<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1,450.00	<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ 1,970.00
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$ 110.00															
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$ 410.00															
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$ 930.00															
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$ 1,450.00															
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$ 1,970.00															

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

05/08/2003 JELLIOTT 00000001 09528766

01 FC:1251

110.00 0P